



Heart Disease Questionnaire

877.455.0119 | fpgonline.com

Producer _____ Phone _____

Client _____ Age/DOB _____ Gender _____

Desired face amount and type of coverage:	
Height and Weight:	
Date of or Age at Diagnosis:	
List any current symptoms (chest pain, shortness of breath, fatigue, etc.) and how often they occur:	
Has the client had any of the following (check all that apply)?	<input type="checkbox"/> Heart attack (date): _____ <input type="checkbox"/> Heart failure (date): _____ <input type="checkbox"/> Coronary angioplasty (date): _____ (# of vessels) _____ <input type="checkbox"/> Valve surgery (date): _____ <input type="checkbox"/> Coronary artery bypass grafting/CABG (date): _____ <input type="checkbox"/> Arrhythmias (date): _____
Has a recent stress (exercise) ECG been completed?	<input type="checkbox"/> Yes—normal (date): _____ <input type="checkbox"/> Yes—abnormal (date): _____ <input type="checkbox"/> No
Has the client had any of the following? Check all that apply:	<input type="checkbox"/> Abnormal lipid levels <input type="checkbox"/> Diabetes <input type="checkbox"/> Overweight/Obesity <input type="checkbox"/> Elevated homocysteine <input type="checkbox"/> High blood pressure <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Irregular heart beat <input type="checkbox"/> Cerebrovascular or carotid disease
Medication currently being taken, including aspirin (provide dosage and frequency):	
Does the client currently smoke or ever smoked? If yes, provide date of last tobacco use:	
Has the client ever had any other major medical conditions? Provide diagnosis date, treatment, results, etc.	

Please fax completed form to **949.455.0113** for your preliminary underwriting quote. Please remember that all quotes are tentative and are NOT BINDING and are SUBJECT TO full underwriting which may include exams, labs, doctor records, and/or any other information obtained during the underwriting process itself.